

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

13 CV 3418

CARLOS GIRAUD

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

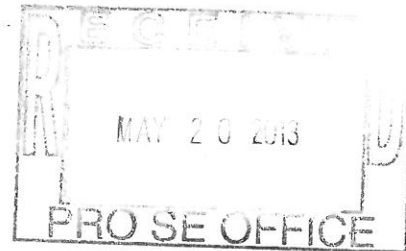
under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

-against-

THE CITY OF NEW YORK
THE 75TH PRECINCT (BROOKLYN, NY.)
POLICE OFFICER "ANTHONY LAFEMINA"
TAX # 949190
"JOHN DOE" POLICE OFFICER #1
"JOHN DOE" CAPTAIN

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

CARLOS GIRAUD

ID #

141-12-05741

Current Institution

O.B.C.C. ANNEX BLDG. 1-NORTH

Address

1600 HAZEN ST.EAST ELMHURST, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

ANTHONY LAFEMINATAX # 949190

Where Currently Employed

THE 75TH PRECINCT

Address

BROOKLYN, NY

Defendant No. 2

Name "JOHN DOE" OFFICER #1 Shield # N/A
 Where Currently Employed THE 75TH PRECINCT
 Address IN THE CITY OF BROOKLYN, NY.

Defendant No. 3

Name "JOHN DOE" CAPTAIN Shield # N/A
 Where Currently Employed THE 75TH PRECINCT
 Address IN THE CITY OF BROOKLYN, NY.

Defendant No. 4

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5

Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
(PLAINTIFF'S HOME) # 2 FOUNTAIN AV., BROOKLYN, NY. 2ND FLOOR
AND THE 75TH PRECINCT, BROOKLYN, NY.
- B. Where in the institution did the events giving rise to your claim(s) occur?
(INSIDE PLAINTIFF'S HOME) AND INSIDE THE 75TH PRECINCT
IN THE CITY OF BROOKLYN, NY.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
AT ABOUT 9:30AM ON 4-26-2012

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: AT ABOUT 9:30 AM ON 4-26-2012 OFFICER "ANTHONY LAFEMINA" TOGETHER WITH ANOTHER POLICE OFFICER "JOHN DOE" AND A CAPTAIN "JOHN DOE" KNOCKED DOWN MY DOOR WITHOUT SHOWING ME ANY WARRANT AND IMMEDIATELY OFFICER "LAFEMINA" PUT ME ON HANDCUFFS AND STARTED PUNCHING ME AND KICKING ME AS THE OTHER OFFICER AND CAPTAIN FOLLOWED TO DO THE SAME AS HIM. THESE 3 INDIVIDUALS WERE ASSAULTING ME FOR A PERIOD OF TIME OF APPROXIMATELY 5 TO 7 MINUTES. THEY WERE CONSISTANTLY PUNCHING ME ON MY HEAD AND KICKING ME ON MY LEGS, HIP AND STOMACH TO A POINT WHERE I STILL, TO THIS DATE (ALMOST 8 MONTHS LATER) HAVE SOME TYPE OF INFLAMMATION NEAR MY GROIN AREA BECAUSE OF THE SEVERE HITS BY THESE "ANIMALS". ALL OF THIS ACTS WENT ON AS OFFICER "LAFEMINA" CONTINUOUSLY CALLED ME "A MOTHERFUCKER" AND A "FUCKING IMMIGRANT". AFTER THE 5-7 MINUTES WENT BY, THE CAPTAIN "JOHN DOE" HAD TO TELL OFFICER "LAFEMINA" TO STOP HITTING ME BECAUSE THAT DAMN "PSYCHO" WANTED TO CONTINUE TO HIT ME FOR NO DAMN REASON BECAUSE I NEVER RESISTED TO ANY OF THEM. I HAVE MORE THEN 3 PEOPLE TO SERVE ME AS WITNESSES IN THE COURT OF LAW IF IT WERE NEEDED TO. ONCE AT THE 75th PRECINCT, OFFICER "LAFEMINA" KEPT INTIMIDATING ME AND THREATENING ME BY TELLING ME "THAT IF I WERE TO EVER MENTION ANYTHING OF WHAT THEY DID TO ME, THAT I WOULD END UP AT THE HOSPITAL IN EVEN WORSE CONDITIONS THAN WHAT I

III. Injuries: LEFT ME:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MY HEAD AND MY FACE WERE COMPLETELY SWOLLEN AND MY LEG AS WELL. I STILL HAVE AN INFLAMMATION FROM ALL THE BEATING ON MY RIGHT GROIN AREA. TILL THIS DAY, I CONSTANTLY SUFFER FROM STRONG HEADACHES BECAUSE OF SUCH HITS AND MY BACK ALSO STILL BOTHERS ME DAILY FROM THE FACT THAT OFFICER "LAFEMINA" SAT ON MY BACK AS HE WAS PUNCHING.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the event giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: BECAUSE EVERYTHING TOOK PLACE AT MY HOUSE AND THE 75TH PRECINCT IN BROOKLYN, NY. THEREFORE, THERE WAS NO WAY FOR ME TO GET ANY GRIEVANCE FORM TO FILL OUT AND IS NOT LIKE THEY WANTED TO PROVIDE ME WITH ONE ANYWAYS. OFFICER "LAREMINA" THREATENED ME TO NOT EVEN SPEAK ABOUT WHAT THEY DID TO ME.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response. if any, IF TOLD OFFICER "LAFEMINA" THAT I NEEDED TO GO TO THE HOSPITAL BECAUSE IT WAS OBVIOUS THAT I WAS IN REALLY BAD SHAPE (PHYSICALLY), BUT HE WENT THREATENING ME AND EVEN DENIED ME MEDICAL ASSISTANCE WHICH I KNOW FOR A FACT IT'S "ILLEGAL"

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. THERE ARE PICTURES OF MY BEAT UP FACE AT THE BROOKLYN'S CENTRAL BOOKING OFFICE WHICH COULD PROVE ALL OF MY ALLEGATIONS. I ALSO HAD TO GO TO THE B.K.D.C. CLINIC SHORTLY AFTER THE INCIDENT BECAUSE I "COULD NOT" HANDLE THE BRUTAL PAINS WHICH I WAS EXPERIENCING BECAUSE OF SUCH BEATING. I SAW DOCTOR "LESLY JEAN GILLES" AT THE B.K.D.C. CLINIC WHOM WAS ABLE TO OBVIOUSLY SEE WHAT THOSE OFFICERS HAD DONE TO ME, SO HE EVEN ORDERED SOME X-RAYS TO BE TAKEN OF MY HEAD.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). BECAUSE OF THE ABUSE, MISTREATMENT AND DISRESPECT PROVIDED BY THE NYPD PRECINCT 75TH CAPTAIN AND OFFICERS, I WANT TO BE COMPENSATED WITH THE AMOUNT OF \$100,000,000.00 MILLION DOLLARS FOR PUTTING ME THROUGH ALL OF THE PAIN AND SUFFERING WHICH TILL THIS DAY, STILL AFFECTS ME IN MANY WAYS MENTALLY, EMOTIONALLY, AND PHYSICALLY. EVER SINCE SUCH EVENT TOOK PLACE, I'VE NEVER BEEN THE SAME PERSON THAT I ONCE USED TO BE. MY SIGHT IS NOT THE SAME AND MY LEFT SIDE OF MY FACE STILL HURTS ME FROM SUCH BEATING EVERY-TIME THAT I GET EXPOSED TO THE COLD WEATHER. AT NIGHT, I WAKE UP CONSTANTLY, AND ONCE THAT HAPPENS, A LOT OF TIMES I "CANNOT" GO BACK TO SLEEP FOR THE REST OF THE NIGHT. I HAD FILED THIS COMPLAINT WITH THE "INTERNAL AFFAIRS BEURAL", BUT MY PRESENT ATTORNEY "LIED" TO ME BY TELLING ME THAT THIS COMPLAINT COULD HAD AFFECTED THE OUTCOME OF MY PRESENT CRIMINAL CASE. I DID THE SAME WITH THE C.C.R.B., BUT THEN, HE (MY LAWYER) MADE ME WITHDRAW THE COMPLAINT FROM BOTH OF THESE AGENCIES. I REALLY THINK THAT OFFICER "LAFEMINA" AND HIS 2 COLLEAGUES SHOULD GO TO FEDERAL PR.

VI. Previous lawsuits: FOR A LONG TIME AFTER WHAT THEY ALL DID TO ME.

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11th day of DECEMBER, 2012

Signature of Plaintiff

Carlos GIRAUD

Inmate Number

141-12-05741

Institution Address

O.B.C.C. / ANNEX Bldg. 1-NORTH
RIVERS ISLAND CORR. FAC.
1600 HAZEN ST.
EAST ELMHURST, NY. 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 11th day of DECEMBER, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Carlos GIRAUD

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Carlos Giraud

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

____ Civ. ____ () ()

- against -

Anthony Lafemina

AFFIRMATION OF SERVICE

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, Carlos Giraud
(name)

declare under penalty of perjury that I have

served a copy of the attached

Civil Rights Act, 42 U.S.C. 1983 & IN FORMA Pauperi
(document you are serving)

upon

Anthony Lafemina
(name of person served)

whose address is

75th precinct

Brooklyn, N.Y.

(where you served document)

by

(how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: New York City, NY
(town/city) (state)

May, 1, 2013
(month) (day) (year)

Carlos Giraud
Signature

1600 Hazen St.
Address

East Elmhurst, N.Y. 11370
City, State

11370
Zip Code

N/A
Telephone Number

